COMMITTEE REPORT

MADAM PRESIDENT:

The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1172, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

1	Delete the title and insert the following:
2	A BILL FOR AN ACT to amend the Indiana Code concerning
3	health and professions and occupations.
4	Page 1, delete lines 1 through 5, begin a new paragraph and insert:
5	"SECTION 1. IC 10-14-3-3 IS AMENDED TO READ AS
6	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. As used in this
7	chapter, "emergency management worker" includes any full-time or
8	part-time paid, volunteer, or auxiliary employee of:
9	(1) the state;
10	(2) other:
11	(A) states;
12	(B) territories; or
13	(C) possessions;
14	(3) the District of Columbia;
15	(4) the federal government;
16	(5) any neighboring country;
17	(6) any political subdivision of an entity described in subdivisions
18	(1) through (5); or
19	(7) any agency or organization;
20	performing emergency management services at any place in Indiana

subject to the order or control of, or under a request of, the state government or any political subdivision of the state. The term includes a volunteer health practitioner registered under IC 10-14-3.5.

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SECTION 2. IC 10-14-3-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 12. (a) The governor shall declare a disaster emergency by executive order or proclamation if the governor determines that a disaster has occurred or that the occurrence or the threat of a disaster is imminent. The state of disaster emergency continues until the governor:

- (1) determines that the threat or danger has passed or the disaster has been dealt with to the extent that emergency conditions no longer exist; and
- (2) terminates the state of disaster emergency by executive order or proclamation.

A state of disaster emergency may not continue for longer than thirty (30) days unless the state of disaster emergency is renewed by the governor. The general assembly, by concurrent resolution, may terminate a state of disaster emergency at any time. If the general assembly terminates a state of disaster emergency under this subsection, the governor shall issue an executive order or proclamation ending the state of disaster emergency. All executive orders or proclamations issued under this subsection must indicate the nature of the disaster, the area or areas threatened, and the conditions which have brought the disaster about or that make possible termination of the state of disaster emergency. An executive order or proclamation under this subsection shall be disseminated promptly by means calculated to bring the order's or proclamation's contents to the attention of the general public. Unless the circumstances attendant upon the disaster prevent or impede, an executive order or proclamation shall be promptly filed with the secretary of state and with the clerk of the city or town affected or with the clerk of the circuit court.

- (b) An executive order or proclamation of a state of disaster emergency:
 - (1) activates the disaster response and recovery aspects of the state, local, and interjurisdictional disaster emergency plans applicable to the affected political subdivision or area; and
- (2) is authority for:
- (A) deployment and use of any forces to which the plan or

1	plans apply; and
2	(B) use or distribution of any supplies, equipment, materials,
3	and facilities assembled, stockpiled, or arranged to be made
4	available under this chapter or under any other law relating to
5	disaster emergencies.
6	(c) During the continuance of any state of disaster emergency, the
7	governor is commander-in-chief of the organized and unorganized
8	militia and of all other forces available for emergency duty. To the
9	greatest extent practicable, the governor shall delegate or assign
10	command authority by prior arrangement embodied in appropriate
11	executive orders or regulations. This section does not restrict the
12	governor's authority to delegate or assign command authority by orders
13	issued at the time of the disaster emergency.
14	(d) In addition to the governor's other powers, the governor may do
15	the following while the state of emergency exists:
16	(1) Suspend the provisions of any regulatory statute prescribing
17	the procedures for conduct of state business, or the orders, rules,
18	or regulations of any state agency if strict compliance with any of
19	these provisions would in any way prevent, hinder, or delay
20	necessary action in coping with the emergency.
21	(2) Use all available resources of the state government and of
22	each political subdivision of the state reasonably necessary to
23	cope with the disaster emergency.
24	(3) Transfer the direction, personnel, or functions of state
25	departments and agencies or units for performing or facilitating
26	emergency services.
27	(4) Subject to any applicable requirements for compensation
28	under section 31 of this chapter, commandeer or use any private
29	property if the governor finds this action necessary to cope with
30	the disaster emergency.
31	(5) Assist in the evacuation of all or part of the population from
32	any stricken or threatened area in Indiana if the governor
33	considers this action necessary for the preservation of life or other
34	disaster mitigation, response, or recovery.
35	(6) Prescribe routes, modes of transportation, and destinations in
36	connection with evacuation.
37	(7) Control ingress to and egress from a disaster area, the
38	movement of persons within the area, and the occupancy of

1	premises in the area.
2	(8) Suspend or limit the sale, dispensing, or transportation of
3	alcoholic beverages, firearms, explosives, and combustibles.
4	(9) Make provision for the availability and use of temporary
5	emergency housing.
6	(10) Allow persons who:
7	(A) are registered as volunteer health practitioners by an
8	approved registration system under IC 10-14-3.5; or
9	(B) hold a license to practice medicine, dentistry, pharmacy,
10	nursing, engineering, veterinary medicine, mortuary
11	service, and similar other professions as may be specified by
12	the governor to practice their respective profession in Indiana
13	during the period of the state of emergency if the state in
14	which a person's license was issued has a mutual aid compact
15	for emergency management with Indiana.
16	(11) Give specific authority to allocate drugs, foodstuffs, and
17	other essential materials and services.
18	SECTION 3. IC 10-14-3.5 IS ADDED TO THE INDIANA CODE
19	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
20	JULY 1, 2008]:
21	Chapter 3.5. Uniform Emergency Volunteer Health
22	Practitioners Act
23	Sec. 1. As used in this chapter, "disaster relief organization"
24	means an entity that provides emergency or disaster relief services
25	that include health or veterinary services provided by volunteer
26	health practitioners and:
27	(1) is designated or recognized as a provider of the services
28	under a disaster response and recovery plan adopted by an
29	agency of the federal government or the state emergency
30	management agency; or
31	(2) regularly plans and conducts the entity's activities in
32	coordination with an agency of the federal government or the
33	state emergency management agency.
34	Sec. 2. As used in this chapter, "emergency" means an event or
35	condition that is an emergency, a disaster, or a public health
36	condition that is an emergency, a disaster, or a public neutrin
	emergency under this article.
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1	under state or local laws of Indiana.
2	Sec. 4. As used in this chapter, "Emergency Management
3	Assistance Compact" means the federal interstate compact under
4	P.L.104-321, 110 Stat. 3877.
5	Sec. 5. As used in this chapter, "entity" means a person other
6	than an individual.
7	Sec. 6. As used in this chapter, "health facility" means an entity
8	licensed under the laws of Indiana or another state to provide
9	health or veterinary services.
0	Sec. 7. As used in this chapter, "health practitioner" means an
1	individual licensed under the laws of Indiana or another state to
2	provide health or veterinary services.
3	Sec. 8. As used in this chapter, "health services" means the
4	provision of treatment, care, advice, guidance, or other services or
.5	supplies related to the health or death of individuals or human
6	populations to the extent necessary to respond to an emergency,
7	including:
8	(1) with respect to the physical or mental condition or
9	functional status of an individual or the structure or function
20	of the body:
21	(A) preventive, diagnostic, therapeutic, rehabilitative,
22	maintenance, or palliative care; and
23	(B) counseling, assessment, procedures, or other services;
24	(2) the sale or dispensing of a drug, a device, equipment, or
25	another item to an individual in accordance with a
26	prescription; and
27	(3) funeral, cremation, cemetery, or other mortuary services.
28	Sec. 9. As used in this chapter, "host entity" means an entity
29	operating in Indiana that uses volunteer health practitioners to
0	respond to an emergency.
31	Sec. 10. (a) As used in this chapter, "license" means
32	authorization by a state to engage in health or veterinary services
33	that are unlawful without the authorization.
34	(b) The term includes authorization under Indiana law to an
35	individual to provide health or veterinary services based upon a
66	national certification issued by a public or private entity.
37	Sec. 11. As used in this chapter, "person" means an individual,
8	a corporation, a business trust, a trust, a partnership, a limited

liability company, an association, a joint venture, a public corporation, a government or governmental subdivision, an agency, an instrumentality, or another legal or commercial entity.

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- Sec. 12. As used in this chapter, "scope of practice" means the extent of the authorization to provide health or veterinary services granted to a health practitioner by a license issued to the practitioner in the state in which the principal part of the practitioner's services are rendered, including conditions imposed by the licensing authority.
- Sec. 13. As used in this chapter, "state" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or a territory or an insular possession subject to the jurisdiction of the United States.
- Sec. 14. As used in this chapter, "veterinary services" means the provision of treatment, care, advice, guidance, or other services or supplies related to the health or death of an animal or to animal populations to the extent necessary to respond to an emergency, including:
 - (1) diagnosis, treatment, or prevention of an animal disease, injury, or other physical or mental condition by the prescription, administration, or dispensing of vaccine, medicine, surgery, or therapy;
 - (2) use of a procedure for reproductive management; and
 - (3) monitoring and treatment of animal populations for diseases that have spread or demonstrate the potential to spread to humans.
- Sec. 15. (a) As used in this chapter, "volunteer health practitioner" means a health practitioner who provides health or veterinary services, whether or not the practitioner receives compensation for those services.
- (b) The term does not include a practitioner who receives compensation under a preexisting employment relationship with a host entity or affiliate that requires the practitioner to provide health services in Indiana, unless the practitioner is not a resident of Indiana and is employed by a disaster relief organization providing services in Indiana while an emergency declaration is in effect.

38 Sec. 16. This chapter applies to volunteer health practitioners

1	who:
2	(1) are registered with a registration system that complies
3	with section 18 of this chapter; and
4	(2) provide health or veterinary services in Indiana for a hos
5	entity while an emergency declaration is in effect.
6	Sec. 17. (a) While an emergency declaration is in effect, the state
7	emergency management agency may limit, restrict, or otherwise
8	regulate:
9	(1) the duration of practice by volunteer health practitioners
10	(2) the geographical areas in which volunteer health
11	practitioners may practice;
12	(3) the types of volunteer health practitioners who may
13	practice; and
14	(4) any other matters necessary to coordinate effectively the
15	provision of health or veterinary services during the
16	emergency.
17	(b) An order issued under subsection (a) may take effect
18	immediately, without prior notice or comment, and is not a rule
19	within the meaning of IC 4-22-2.
20	(c) A host entity that uses volunteer health practitioners to
21	provide health or veterinary services in Indiana shall:
22	(1) consult and coordinate the host entity's activities with the
23	state emergency management agency to the extent practicable
24	to provide for the efficient and effective use of volunteer
25	health practitioners; and
26	(2) comply with any laws other than this chapter relating to
27	the management of emergency health or veterinary services
28	including this article.
29	Sec. 18. (a) To qualify as a volunteer health practitioner
30	registration system, a system must:
31	(1) accept applications for the registration of volunteer health
32	practitioners before or during an emergency;
33	(2) include information about the licensure and good standing
34	of health practitioners that is accessible by authorized
35	persons;
36	(3) be capable of confirming the accuracy of information
37	concerning whether a health practitioner is licensed and in
20	good standing hafara health sorvices or veterinary sorvices

1	are provided under this chapter; and
2	(4) meet one (1) of the following conditions:
3	(A) Be an emergency system for advance registration of
4	volunteer health practitioners established by a state and
5	funded through the Health Resources Services
6	Administration under section 319I of the federal Public
7	Health Services Act, 42 U.S.C. 247d-7b.
8	(B) Be a local unit consisting of trained and equipped
9	emergency response, public health, and medical personnel
0	formed under section 2801 of the federal Public Health
1	Services Act, 42 U.S.C. 300hh.
2	(C) Be operated by a:
3	(i) disaster relief organization;
4	(ii) licensing board;
5	(iii) national or regional association of licensing boards
6	or health practitioners;
7	(iv) health facility that provides comprehensive inpatient
8	and outpatient health care services, including a tertiary
9	care and teaching hospital; or
20	(v) governmental entity.
21	(D) Be designated by the state emergency management
22	agency as a registration system for purposes of this
23	chapter.
24	(b) While an emergency declaration is in effect, the state
25	emergency management agency, a person authorized to act on
26	behalf of the state emergency management agency, or a host entity
27	may confirm whether volunteer health practitioners used in
28	Indiana are registered with a registration system that complies
9	with subsection (a). Confirmation is limited to obtaining identities
0	of the practitioners from the system and determining whether the
1	system indicates that the practitioners are licensed and in good
32	standing.
3	(c) Upon request of a person in Indiana authorized under
4	subsection (b), or a similarly authorized person in another state, a
5	registration system located in Indiana shall notify the person of the
6	identities of volunteer health practitioners and whether the
37	practitioners are licensed and in good standing.

(d) A host entity is not required to use the services of a volunteer

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health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is licensed and in good standing.

- Sec. 19. (a) While an emergency declaration is in effect, a volunteer health practitioner, registered with a registration system that complies with section 18 of this chapter and licensed and in good standing in the state upon which the practitioner's registration is based, may practice in Indiana to the extent authorized by this chapter as if the practitioner were licensed in Indiana.
- (b) A volunteer health practitioner qualified under subsection
 (a) is not entitled to the protections of this chapter if the practitioner is licensed in more than one (1) state and any license of the practitioner is suspended, revoked, or subject to an agency order limiting or restricting practice privileges or has been voluntarily terminated under threat of sanction.

Sec. 20. (a) As used in this section:

- (1) "credentialing" means obtaining, verifying, and assessing the qualifications of a health practitioner to provide treatment, care, or services in or for a health facility; and
- (2) "privileging" means the authorizing by an appropriate authority, such as a governing body, of a health practitioner to provide specific treatment, care, or services at a health facility subject to limits based on factors that include license, education, training, experience, competence, health status, and specialized skill.
- (b) This chapter does not affect credentialing or privileging standards of a health facility and does not preclude a health facility from waiving or modifying those standards while an emergency declaration is in effect.
- Sec. 21. (a) Subject to subsections (b) and (c), a volunteer health practitioner shall adhere to the scope of practice for a similarly licensed practitioner established by the licensing provisions, practice acts, or other laws of Indiana.
- (b) Except as provided in subsection (c), this chapter does not authorize a volunteer health practitioner to provide services that are outside the practitioner's scope of practice, even if a similarly licensed practitioner in Indiana would be permitted to provide the

services.

- (c) The state emergency management agency may modify or restrict the health or veterinary services that volunteer health practitioners may provide under this chapter. An order under this subsection may take effect immediately, without prior notice or comment, and is not a rule within the meaning of IC 4-22-2.
- (d) A host entity may restrict the health or veterinary services that a volunteer health practitioner may provide under this chapter.
- (e) A volunteer health practitioner does not engage in unauthorized practice unless the practitioner has reason to know of a limitation, modification, or restriction under this section or that a similarly licensed practitioner in Indiana would not be permitted to provide the services. A volunteer health practitioner has reason to know of a limitation, modification, or restriction or that a similarly licensed practitioner in Indiana would not be permitted to provide a service if:
 - (1) the practitioner knows the limitation, modification, or restriction exists or that a similarly licensed practitioner in Indiana would not be permitted to provide the service; or
 - (2) from all the facts and circumstances known to the practitioner at the relevant time, a reasonable person would conclude that the limitation, modification, or restriction exists or that a similarly licensed practitioner in Indiana would not be permitted to provide the service.
- (f) In addition to the authority granted by laws of Indiana other than this chapter to regulate the conduct of health practitioners, a licensing board or other disciplinary authority in Indiana:
 - (1) may impose administrative sanctions upon a health practitioner licensed in Indiana for conduct outside of Indiana in response to an out-of-state emergency;
 - (2) may impose administrative sanctions upon a practitioner not licensed in Indiana for conduct in Indiana in response to an in-state emergency; and
 - (3) shall report any administrative sanctions imposed upon a practitioner licensed in another state to the appropriate licensing board or other disciplinary authority in any other state in which the practitioner is known to be licensed.

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- (g) In determining whether to impose administrative sanctions under subsection (f), a licensing board or other disciplinary authority shall consider the circumstances in which the conduct took place, including any exigent circumstances, and the practitioner's scope of practice, education, training, experience, and specialized skill.
- Sec. 22. (a) This chapter does not limit the rights, privileges, or immunities provided to volunteer health practitioners by laws other than this chapter. Except as provided in subsection (b), this chapter does not affect requirements for the use of health practitioners under the Emergency Management Assistance Compact.
- (b) The state emergency management agency, under the Emergency Management Assistance Compact or the Interstate Emergency Management and Disaster Compact, may incorporate into the emergency forces of Indiana volunteer health practitioners who are not officers or employees of Indiana, a political subdivision of Indiana, or a municipality or other local government within Indiana.
- Sec. 23. The state emergency management agency may adopt rules under IC 4-22-2 to implement this chapter. In doing so, the state emergency management agency shall consult with and consider the recommendations of the entity established to coordinate the implementation of the Emergency Management Assistance Compact or the Interstate Emergency Management and Disaster Compact and shall also consult with and consider rules adopted by similarly empowered agencies in other states to promote uniformity of application of this chapter and make the emergency response systems in the various states reasonably compatible.
- Sec. 24. In applying and construing this uniform act, consideration must be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.
- SECTION 4. IC 12-7-2-118.3 IS ADDED TO THE INDIANA
 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
 [EFFECTIVE JULY 1, 2008]: **Sec. 118.3. "Initiative", for purposes**of IC 12-31-2, has the meaning set forth in IC 12-31-2-1.

1	SECTION 5. IC 12-7-2-132.5 IS ADDED TO THE INDIANA
2	CODE AS A NEW SECTION TO READ AS FOLLOWS
3	[EFFECTIVE JULY 1, 2008]: Sec. 132.5. "Nonprofit corporation",
4	for purposes of IC 12-31, has the meaning set forth in IC 12-31-1-1.
5	SECTION 6. IC 12-7-2-142.7 IS ADDED TO THE INDIANA
6	CODE AS A NEW SECTION TO READ AS FOLLOWS
7	[EFFECTIVE JULY 1, 2008]: Sec. 142.7. "Postnatal donation", for
8	purposes of IC 12-31, has the meaning set forth in IC 12-31-1-2.
9	SECTION 7. IC 12-31 IS ADDED TO THE INDIANA CODE AS
10	A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
11	2008]:
12	ARTICLE 31. UMBILICAL CORD BLOOD
13	Chapter 1. Public Umbilical Cord Blood Bank
14	Sec. 1. As used in this article, "nonprofit corporation" refers to
15	the Indiana nonprofit corporation formed by the office of the
16	secretary under section 3 of this chapter to establish and operate
17	a public umbilical cord blood bank.
18	Sec. 2. As used in this article, "postnatal donation" means any
19	of the following donations by a patient to the public umbilical cord
20	blood bank:
21	(1) Postnatal fluid, including umbilical cord blood.
22	(2) Postnatal tissue, including the placenta and tissue
23	extracted from an umbilical cord.
24	Sec. 3. (a) The office of the secretary shall form a nonprofit
25	corporation to establish and provide for the operation of a public
26	umbilical cord blood bank to promote public health and to exercise
27	other essential governmental functions.
28	(b) The office of the secretary shall adopt rules under IC 4-22-2
29	concerning the protection of individual identifiable health
30	information regarding the operation of the public umbilical cord
31	blood bank.
32	Sec. 4. (a) The board of directors of the nonprofit corporation
33	consists of the following:
34	(1) The state health commissioner or the commissioner's
35	designee.
36	(2) The secretary or the secretary's designee.
37	(3) The secretary of commerce appointed under IC 5-28-3-4
38	or the secretary's designee.

1	(4) The director of the state department of health's office of
2	minority health.
3	(5) The following individuals appointed by the governor:
4	(A) One (1) president or chief executive officer of an
5	Indiana based hospital.
6	(B) One (1) research scientist with expertise in umbilical
7	cord blood research.
8	(C) One (1) ethicist with expertise in bioethics.
9	(D) One (1) physician licensed under IC 25-22.5 who
10	specializes in birthing and delivery.
11	(E) One (1) representative of a donor umbilical cord blood
12	bank facility.
13	(F) One (1) member of the interagency state council on
14	black and minority health established under IC 16-46-6.
15	(b) The board of directors shall appoint an advisory board. At
16	least fifty-one percent (51%) of the advisory board members must
17	be research scientists with expertise in stem cell research.
18	(c) The advisory board, using criteria established by the board
19	of directors, is responsible for reviewing applications from
20	research scientists, research institutions, and other persons
21	interested in receiving a postnatal donation that is ineligible for
22	transplant use from the public umbilical cord blood bank.
23	(d) The board of directors may contract with a person to
24	perform the management and administrative operations of the
25	public umbilical cord blood bank. The person shall follow the
26	federal Food and Drug Administration's current good tissue
27	practices.
28	(e) Subject to approval by the budget agency, the board of
29	directors may, without the approval of the attorney general,
30	employ legal counsel, technical experts, and other officers, agents,
31	and employees that the board of directors considers necessary to
32	carry out the efficient operation of a public umbilical cord blood
33	bank.
34	(f) The board of directors shall determine the terms and
35	conditions of the participating agreement that is executed with
36	each participating hospital.
37	Sec. 5. The nonprofit corporation shall do the following:

(1) Establish procedures and guidelines for collecting,

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1	maintaining, and receiving postnatal donations.
2	(2) Educate health care professionals about the procedures
3	and requirements for collecting and maintaining postnatal
4	donations following the birth of a newborn infant.
5	(3) Establish procedures concerning patient informed consent
6	and privacy that are approved by an independent institutional
7	review board selected by the board of directors.
8	Sec. 6. (a) The nonprofit corporation shall accept postnatal
9	donations at no charge or cost to the donor.
10	(b) The nonprofit corporation may allow the following to use the
11	postnatal donations:
12	(1) Transplant centers.
13	(2) Research centers approved by the nonprofit corporation
14	that will use the postnatal donation to promote medical
15	advances, life science research, or biotechnology research.
16	(3) Any other entity approved by the nonprofit corporation if
17	the entity will use the postnatal donation to promote medical
18	advances, life science research, or biotechnology research.
19	(c) Any postnatal donations maintained by the public umbilical
20	cord blood bank must be allocated as follows:
21	(1) Postnatal donations that are of transplantable quality
22	according to the National Marrow Donor Program, the
23	federal Food and Drug Administration's approved protocol,
24	or other relevant national practice and quality standards
25	must be allocated for medical transplants.
26	(2) Postnatal donations that do not meet the transplant quality
27	standards referred to in subdivision (1) and that are suitable
28	for research must be made available for scientific research or
29	medical treatments that comply with relevant national
30	practice and quality standards.
31	(d) The nonprofit corporation shall acquire and maintain
32	adequate liability insurance coverage.
33	Sec. 7. The nonprofit corporation may maintain postnatal
34	donations at no charge or cost to the donor.
35	Sec. 8. The nonprofit corporation may award a grant to a
36	person for work with postnatal donations.
37	Sec. 9. The nonprofit corporation shall report annually to the
38	health finance commission established by IC 2-5-23-3 concerning

1	the following:
2	(1) The implementation of the umbilical cord blood bank.
3	(2) The number of postnatal donations used for transplants
4	and the number of postnatal donations used for research.
5	Chapter 2. Umbilical Cord Blood Donation Initiative
6	Sec. 1. As used in this chapter, "initiative" refers to the
7	umbilical cord blood donation initiative established under section
8	2 of this chapter.
9	Sec. 2. The nonprofit corporation shall establish an umbilical
10	cord blood donation initiative to promote public awareness
11	concerning the following:
12	(1) A pregnant woman's option to make a postnatal donation
13	upon the birth of a newborn infant.
14	(2) The medical benefits of postnatal tissue and postnatal
15	fluids.
16	(3) The importance of donating umbilical cord blood to the
17	public umbilical cord blood bank.
18	Sec. 3. The nonprofit corporation may accept a grant from the
19	federal government or money from the state government or private
20	contributions to establish and implement the initiative.
21	Sec. 4. (a) The initiative must include the dissemination of
22	written material that includes the following:
23	(1) Information concerning the option that is available to
24	pregnant women to make a postnatal donation upon the birth
25	of a newborn infant.
26	(2) An explanation of the benefits of public umbilical cord
27	blood banking.
28	(3) The benefits of umbilical cord blood in accordance with
29	the National Marrow Donor Program or another federal Food
30	and Drug Administration approved protocol and the use of
31	umbilical cord blood for medical treatment, including the
32	following:
33	(A) A list of the diseases or conditions that have been
34	treated through the use of umbilical cord blood.
35	(B) A list of the diseases or conditions for which scientific
36	research indicates that treatment through the use of
37	umbilical cord blood is promising.
38	(4) Information on the public umbilical cord blood bank.

- (5) Information concerning the process by which postnatal tissue and postnatal fluid are collected and the steps that a pregnant woman must take before her child is born to arrange to have the postnatal tissue and postnatal fluid collected and donated.
 - (b) The nonprofit corporation shall:
 - (1) update the material described in subsection (a); and
- (2) distribute the material to the following persons that treat pregnant women:
 - (A) Physicians licensed under IC 25-22.5.
- (B) Participating hospitals.
 - (C) Ambulatory surgical centers.
- **(D)** Health clinics.

- (E) Maternity homes registered under IC 16-26-1.
 - (F) Nurse midwives licensed under IC 25-23-1-13.1.
- Sec. 5. The nonprofit corporation shall develop a process for physicians, nurse midwives, birthing centers, and participating hospitals to inform eligible candidates of the opportunity to make postnatal donations to the public umbilical cord blood bank following delivery of a newborn infant.
- Sec. 6. The nonprofit corporation that establishes the initiative described in this chapter must meet all the requirements and responsibilities set forth in IC 23-17.
- Sec. 7. (a) Any intellectual property developed by the nonprofit corporation establishing the initiative under this chapter is the property of the nonprofit corporation. A donor must consent to release to the public umbilical cord blood bank any property right related to the postnatal donation, including any claim of intellectual property rights derived from the postnatal donation.
- (b) The entire right, title, and interest in and to any intellectual property derived from a postnatal donation transfers with the postnatal tissue and postnatal fluid after the postnatal donation is allocated by the public umbilical cord blood bank for research purposes.

SECTION 8. IC 16-18-2-36.5, AS ADDED BY P.L.96-2005, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 36.5. (a) "Birthing center", for purposes of IC 16-21-2 and IC 16-21-7.5, means a freestanding entity that has the

1	sole purpose of delivering a normal or uncomplicated pregnancy.
2	(b) The term does not include a hospital that is licensed as a hospital
3	under IC 16-21-2.".
4	Page 2, between lines 23 and 24, begin a new paragraph and insert:
5	"SECTION 10. IC 16-21-7.5 IS ADDED TO THE INDIANA CODE
6	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
7	JULY 1, 2008]:
8	Chapter 7.5. Hospital and Birthing Center Requirement
9	Regarding Umbilical Cord Blood Donation
10	Sec. 1. As used in this chapter, "postnatal donation" has the
11	meaning set forth in IC 12-31-1-2.
12	Sec. 2. Before a hospital or birthing center participates in
13	collecting donations for the public umbilical cord blood bank
14	established under IC 12-31-1-3(a), the hospital or birthing center
15	shall enter into a written agreement with the public umbilical cord
16	blood bank establishing the:
17	(1) conditions of the hospital's or birthing center's
18	participation; and
19	(2) obligations of the hospital or birthing center;
20	in the umbilical cord blood donation initiative established under
21	IC 12-31-2-2.
22	Sec. 3. (a) Except as provided in section 4 of this chapter, a
23	participating hospital or birthing center licensed under this article
24	must offer a patient who delivers a newborn infant at the
25	participating hospital or birthing center the option of making a
26	postnatal donation following delivery of the newborn infant.
27	(b) A patient may not be charged for the collection, storage, or
28	donation to the public umbilical cord blood bank established under
29	IC 12-31-1-3(a).
30	Sec. 4. (a) A participating hospital or birthing center is not
31	required to collect a postnatal donation if either of the following
32	applies:
33	(1) In the professional judgment of a physician licensed under
34	IC 25-22.5 or a nurse midwife licensed under IC 25-23-1-13.1,
35	the collection would threaten the health of the mother or the
36	infant.
37	(2) The postnatal donation is contrary to the moral principles
38	or beliefs of the religious denomination with which the

1	participating hospital or birthing center is affiliated.
2	(b) An employee of a participating hospital or birthing center is
3	not required to collect a postnatal donation if the postnatal
4	donation is contrary to the religious principles or beliefs of the
5	employee.
6	Sec. 5. A participating hospital or birthing center shall
7	cooperate with the nonprofit corporation (as defined in
8	IC 12-31-1-1) in accomplishing the public health goal of
9	maximizing postnatal donations.
10	Sec. 6. A hospital or birthing center is not required to enter into
11	an agreement with the public umbilical cord blood bank and may
12	enter into contracts concerning postnatal tissue and postnatal
13	fluids with any person.".
14	Page 4, line 1, strike "provide school based health".
15	Page 4, line 1, after "nursing" insert "furnish health and nursing".
16	Page 4, line 1, delete ".".
17	Page 4, line 2, after "county." insert "to elementary and secondary
18	schools within the county.".
19	Page 6, delete lines 10 through 42.
20	Page 7, delete lines 1 through 8.
21	Page 8, line 4, delete "licensed".
22	Page 8, line 4, after "nurse" insert "licensed under IC 25-23 or a
23	physician licensed under IC 25-22.5".
24	Page 8, delete lines 36 through 41, begin a new paragraph and
25	insert:
26	"SECTION 18. IC 25-2.5-2-3 IS AMENDED TO READ AS
27	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. (a) An applicant
28	may, upon the payment of a fee established by the board, be granted a
29	license if the applicant:
30	(1) submits satisfactory evidence to the board that the applicant
31	has been licensed to practice acupuncture in another state or
32	authorized in another country under qualifications substantially
33	equivalent to those specified in this chapter for a license to
34	practice acupuncture;
35	(2) meets the requirements of section 1(1) through 1(4) of this
36	chapter; and
37	(3) shows to the satisfaction of the board that the applicant
38	has:

1	(A) successfully completed a clean needle technique course		
2	substantially equivalent to a clean needle technique course		
3	approved by a national acupuncture association approved		
4	by the board;		
5	(B) successfully completed a three (3) year postsecondary		
6	training program or acupuncture college program that		
7	meets the standards substantially equivalent to the		
8	standards for a three (3) year postsecondary training		
9	program or acupuncture college program approved by a		
10	national acupuncture association approved by the board;		
11	and		
12	(C) passed an examination substantially equivalent to the		
13	examination required by a national acupuncture		
14	association approved by the board.		
15	(b) An applicant may, upon the payment of a fee established by the		
16	board, be granted a professional's license to practice acupuncture if the		
17	applicant submits satisfactory evidence to the board that the applicant		
18	is a:		
19	(1) chiropractor licensed under IC 25-10;		
20	(2) dentist licensed under IC 25-14; or		
21	(3) podiatrist licensed under IC 25-29;		
22	with at least two hundred (200) hours of acupuncture training.		
23	(c) The board shall:		
24	(1) compile, at least once every two (2) years, a list of courses and		
25	institutions that provide training approved for the purpose of		
26	qualifying an individual for a professional's license under		
27	subsection (b); and		
28	(2) adopt rules that set forth procedures for the case by case		
29	approval of training under subsection (b).		
30	(d) If an individual's license described in subsection (b)(1), (b)(2),		
31	or (b)(3) is subject to any restrictions as the result of disciplinary action		
32	taken against the individual by the board that regulates the individual's		
33	profession, the same restrictions shall be applied to the individual's		
34	professional's license to practice acupuncture.		
35	(e) An individual's professional's license issued under subsection (b)		
36	shall be suspended if the individual's license described under		
37	subsection $(b)(1)$, $(b)(2)$, or $(b)(3)$ is suspended.		
38	(f) An individual's professional's license issued under subsection (b)		

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shall be revoked if the individual's license described under subsection
 1
 2
         (b)(1), (b)(2), or (b)(3) is revoked.
 3
            (g) The practice of acupuncture by an individual issued a
 4
         professional's license under subsection (b) is limited to the scope of
 5
         practice of the individual's license described in subsection (b)(1),
         (b)(2), or (b)(3).".
 7
            Page 9, line 1, reset in roman "(a) Subject to section".
 8
            Page 9, reset in roman lines 2 through 3.
            Page 9, line 20, after "(d)" insert "(b)".
 9
10
            Page 10, line 13, delete "." and insert "by the dental hygienist.".
            Page 10, line 16, delete ", when" and insert "by the dental hygienist
11
         if".
12
13
             Page 10, line 23, after "setting" insert ", except as described in
14
         subdivisions (3) through (5),".
             Page 10, line 27, delete "." and insert "if direct supervision by a
15
16
         licensed dentist is provided for training on providing local
17
         anesthetics by injection.".
18
            Page 11, line 27, after "Sec. 10.6." insert "(a)".
19
            Page 11, line 30, delete "requirements;" and insert "requirements,
2.0
         including cardiopulmonary resuscitation and emergency care
21
         training;".
2.2.
             Page 11, between lines 31 and 32, begin a new paragraph and insert:
23
             "(b) Local dental anesthetics do not include nitrous oxide or
24
         similar anesthetics.".
2.5
             Page 12, line 6, delete "anesthetics under section 10.6 of" and insert
26
          "anesthetics, except for the administration of local dental
27
         anesthetics by:
                  (A) a dentist as provided in IC 25-14-1-23(a)(6); or
2.8
29
                  (B) a physician licensed under IC 25-22.5.".
            Page 12, delete line 7.
30
31
             Page 12, line 23, delete "." and insert "by the dental assistant.".
32
             Page 13, line 9, delete "," and insert "and IC 25-13-1-10.6,".
             Page 15, line 28, delete "IC 25-13-1(3)," and insert "IC
33
34
         25-13-1-11(3),".
             Page 16, line 1, delete ":" and insert "if the person has received
35
36
         training in the performance of hypnotism:".
             Page 19, line 11, delete "IC 25-23.3." and insert "IC 25-23.2
37
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(repealed).".

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1
             Page 19, between lines 11 and 12, begin a new line block indented
 2
          and insert:
 3
               "(5) If requested by the nonprofit corporation formed under
 4
               IC 12-31-1-3, provide assistance to the public umbilical cord
 5
               blood bank and umbilical cord blood donation initiative.".
             Page 24, delete lines 34 through 42.
 7
             Page 25, delete line 1.
 8
             Page 25, line 2, delete "Sec. 7." and insert "Sec. 6.".
 9
             Page 25, line 4, delete "Sec. 8." and insert "Sec. 7.".
             Page 25, line 6, delete "board or" and insert "board,".
10
             Page 25, line 7, delete "other authority,".
11
12
             Page 25, line 10, delete "Sec. 9." and insert "Sec. 8.".
             Page 25, line 12, delete "Sec. 10." and insert "Sec. 9.".
13
14
             Page 25, line 19, delete "Sec. 11." and insert "Sec. 10.".
             Page 25, line 22, delete "Sec. 12." and insert "Sec. 11.".
15
             Page 25, line 24, delete "Sec. 13." and insert "Sec. 12.".
16
17
             Page 25, line 31, delete "Sec. 14." and insert "Sec. 13.".
             Page 25, line 40, delete "Sec. 15." and insert "Sec. 14.".
18
19
             Page 26, line 1, delete "Sec. 16." and insert "Sec. 15.".
20
             Page 27, line 40, delete "remote state actions," and insert
21
          "disciplinary actions taken by the licensing entity or complaints
22
          filed by the attorney general,".
23
             Page 27, line 42, delete "current significant" and insert
24
          "disciplinary actions taken by the licensing entity or complaints
25
          filed by the remote state's attorney general.".
26
             Page 28, line 1, delete "investigative information yet to result in a
27
          remote state action.".
28
             Page 29, line 18, delete "Notwithstanding any other law, all" and
29
          insert "All".
30
             Page 29, line 19, delete "adverse actions,".
31
             Page 29, line 20, delete "any current significant investigative".
32
             Page 29, line 21, delete "information yet to result in adverse action,"
33
          and insert "disciplinary actions taken by the licensing entity or
34
          complaints filed by the remote state's attorney general,".
35
             Page 29, delete lines 24 through 26.
             Page 29, line 27, delete "Sec. 4. Notwithstanding any other law, all"
36
37
          and insert "Sec. 3. All".
38
             Page 29, line 33, delete "Sec. 5." and insert "Sec. 4.".
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- Page 29, line 39, delete "Sec. 6." and insert "Sec. 5.".
- 2 Page 30, line 2, delete "Sec. 7." and insert "Sec. 6.".
- Page 31, line 12, delete "is" and insert "are".

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- 4 Page 32, between lines 40 and 41, begin a new paragraph and insert:
- 5 "(c) Subsections (a)(4) and (b)(4) do not apply to a person who 6 is specified under section 2 of this chapter.".
- Page 38, line 17, after "marriage" insert "and family".
- 8 Page 41, line 1, delete "Interstate" and insert "**interstate**".
- Page 41, between lines 10 and 11, begin a new paragraph and insert:
- "SECTION 50. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.
 - (b) Before July 1, 2008, the office shall apply to the United States Department of Health and Human Services for an amendment to the state Medicaid plan to provide coverage for adults and children for medically necessary umbilical cord transplants and other related procedures under the state Medicaid program (IC 12-15) if the Medicaid recipient's provider receives prior approval for the procedure from the office.
 - (c) The office may not implement the plan amendment until the office files an affidavit with the governor attesting that the plan amendment applied for under this SECTION is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the plan amendment is approved.
 - (d) If the office receives a plan amendment under this SECTION from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (c), the office shall implement the plan amendment not more than sixty (60) days after the governor receives the affidavit.
 - (e) The office may adopt rules under IC 4-22-2 necessary to implement this SECTION.
 - (f) This SECTION expires December 31, 2013.

SECTION 51. [EFFECTIVE JULY 1, 2008] (a) The office of the secretary of family and social services shall adopt the rules required by IC 12-31-1-3(b), as added by this act, in the manner provided in IC 4-22-2-37.1. The office shall immediately begin the adoption of the rules and shall adopt the final rules before March

1, 2009.

(b) This SECTION expires July 1, 2009.

SECTION 52. [EFFECTIVE JULY 1, 2008] (a) As used in this SECTION, "commission" refers to the health finance commission established by IC 2-5-23-3.

- (b) Not later than October 1, 2008, the state police department shall report to the commission and legislative council in an electronic format under IC 5-14-6 concerning any changes the federal government has made in criminal background check procedures.
 - (c) This SECTION expires December 31, 2008.
- SECTION 53. [EFFECTIVE JULY 1, 2008] (a) This SECTION applies beginning July 1, 2008, and ending June 30, 2009.
- (b) Notwithstanding any other law and except as provided in subsection (c), a person who operates a home health agency under IC 16-27-1 or a personal services agency under IC 16-27-4 shall apply, not more than three (3) business days after the date that an employee begins to provide services in a patient's temporary or permanent residence, for a copy of the employee's limited criminal history under IC 10-13-3.
- (c) If a home health agency or personal services agency determines an employee lived outside Indiana at any time during the two (2) years immediately before the date the individual was hired by the agency, the home health agency or personal services agency shall apply, not more than three (3) business days after the date that an employee begins to provide services in a patient's temporary or permanent residence, for the employee's national criminal history background check from the Indiana central

repository for criminal history information under IC 10-13-3-39.

(Reference is to HB 1172 as printed January 25, 2008.)

(d) This SECTION expires June 30, 2009.".

Renumber all SECTIONS consecutively.

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		2000
	 Miller	 Chairperson
Committee Vote: Yeas 9, Nays 0.		
and when so amended that said bill do pass.		